

## Florida Department of State

Division of Corporations Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000257734 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this? page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Fax Number

Phone : (850) 222-1092 : (850)878-5926

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Ryken Knight LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE I - Name:	Grand Control of the
The name of the Limited Liability Com	pany is:
Ryken Knight LLC	
(Must end with the words "Late	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	· · · · · · · · · · · · · · · · · · ·
The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Williams Landing	Williams Landing
550 Riverside Drive	550 Riverside Drive
Salisbury,MD 21801	Salisbury,MD 21801
(The Limited Liability Company cannot serve as its	gistered Office, & Registored Agent's Signature: own Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address	own Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cament serve as its business entity with an active Florida registration.)	own Registered Agent. You rount designate an individual or another  of the registered agent are:
(The Limited Liability Company cament serve as its business entity with an active Florida registration.)  The name and the Florida street address	own Registered Agent. You want designate an individual or another  of the registered agent are:  Rob Blan Dickson  Name
(The Limited Liability Company camed serve as its business entity with an active Florida registration.)  The name and the Florida street address	own Registered Agent. You rount designate an individual or another  of the registered agent are:
(The Limited Liability Company cament serve as its business entity with an active Florida registration.)  The name and the Florida street address  45	own Registered Agent. You roust designate an individual or another  of the registered agent are:  Rob Rem Dickson  Name  Tradewinds Drive
(The Limited Liability Company cament serve as its business entity with an active Florida registration.)  The name and the Florida street address  45  Florida  Sa	own Registered Agent. You rount designate an individual or another  of the registered agent are:  Rob Rob Dickson  Name  Tradewinds Drive  Street address (P.O. Box NOT acceptable)

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

. . . . . .

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MOR	Donald Edwin Williams	
	550 Riverside Drive	
	Salisbury, MD 21801	
	<del></del>	
_		
		<u> </u>
•		
•		
		<del> </del>
(Use attachment if necessary)		

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an autop zed representative of a member.

(In accordance with section cos.44 %(3), Floride Stantes, the execution of this document constitutes an affirmation under the pountities of perjury that the facts stated herein are true.)

Donald Edwin Williams

Typed or printed name of signee

## Filing Rees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2